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**TO:** CPR Directors (Children and Adults), Child and Youth Designees, Chief Executive Officers, Chief Fiscal Officers, Chief Operations Officers

**FROM:** Connie Cahalan, Director of Children's Services, Division of Behavioral Health

**SUBJECT:** Age Range Initiative

Recently the Division of Behavioral Health (DBH) worked with MoHealthNet (MHN) to change the age range requirements for specific Medicaid services in CPR, CSTAR and TCM. While this initiative has been discussed with the community mental health centers in the Children's Coalition and Chief Fiscal Officers' meetings, this memo is to provide written information and guidelines to providers associated with this age range effort.

The specific services that have had an age range adjustment in the MHN system, as well as the CIMOR system are listed in the attachment. The age range changes to the system can be categorized into two broad areas.

**Individualization of Services for Emerging Young Adults:**

You will notice that some of the services that were traditionally targeted to adults (over the age of 18), are now able to be provided to adolescents beginning at the age of 16 years, if clinically indicated. This change was made to more easily transition adolescents receiving mental health services into the adult system.

The transition from adolescence to adulthood is a challenging time. It is a time in which the young person is called upon to make complex decisions about schooling, work, finances, and personal relationships. For emerging young adults (ages 16 through 25) diagnosed with serious mental health conditions, this phase of life poses even greater challenges. Just at the time when these major life decisions are being made, the emerging young adult (EYA) will very often experience interruption in their mental health services. The interruption, or in some cases the discontinuance of services, is not due to the young adult's resistance, but rather what had been the Division's arbitrary age limits for services and eligibility between the children and adult systems.

Changes to the Department of Mental Health's CIMOR system now allows an emerging young adult to be dually enrolled in the children and adult systems. In many cases, the emerging young adult is in need of services from both systems at the same time. This does not in any way mean that the services are duplicative, but simply that the services wrapped around the young adult are individualized and able to meet their clinical needs for their developmental age. Providers have the ability to simultaneously



access funds from their children and adult allocations to pay for the individualized services depending on which funding stream makes the most sense for payment.

Providers should pay particular attention to the program requirements for each service. If the CPR Medicaid Manual or BHD contractual program language specifically states an age associated with the service, these age requirements should be followed. As an example, while Treatment Family Homes (TFH) on the attached list states that the age range is 0 to 25, the TFH contract states that the service is limited to children up to 18 years. A TFH can have up to 3 children in the home at the same time. It is only logical that an emerging young adult older than 18 would not be placed with young children. But, there could be a rare, brief instance when an EYA older than 18 would be the ONLY person placed in the home, thus the age range up to 25. For the most part, an EYA is not going to desire this type of placement but rather, want a more independent living arrangement.

### **Early Child Population:**

The age range was lowered from 3 years to 0 on certain services. A child between the age of 6 and 18 years is eligible for CPR if he/she has a serious emotional disturbance and has a score on the DLA20 of 50 or below. For children age 2 through 5, specific approved functional tools are listed in the CPR Medicaid Manual and previously distributed policy memos. The Behavioral Health Division has not approved functional tools for children under the age of 2 years therefore, it is not appropriate to enroll children younger than two in CPR at the current time. With all the research that is now coming out in regards to children under 3 years, the DBH may in the foreseeable future add a functional tool for this population, thus the reason the age range for certain services was lowered to 0.

The age range initiative ultimately will allow providers more flexibility in meeting the needs of consumers and their families. If you should have questions about the designated services offered to EYA, please do not hesitate to contact me.